

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33015**  
Registrar's No. **8222**

FILED SEP 25 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3634 Clark Av</b>			d. STREET ADDRESS (If rural, give location) <b>3634 Clark Ave</b>		
3. NAME OF DECEASED (Type or Print) <b>Martha</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Healey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 29 52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>9-12-1884</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (in years last birthday) <b>67</b>	
11a. FATHER'S NAME <b>Unknown</b>		11b. MOTHER'S MAIDEN NAME <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13. NAME OF HUSBAND OR WIFE <b>George Healey (Deceased)</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Healey</b> ADDRESS <b>2840 Pennsylvania Av</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Stomach</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b> <b>8 mo</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>	
22. I hereby certify that I attended the deceased from <b>Jan 1, 1935</b> , to <b>July 20, 1952</b> , that I last saw the deceased alive on <b>Jul 20, 1952</b> , and that death occurred at <b>3:40 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. H. Shuckford</b> (Degree or title) <b>MO</b>		23b. ADDRESS <b>3903 Olive</b>		23c. DATE SIGNED <b>Aug 30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-2-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		24e. DATE REC'D BY LOCAL REG. <b>SEP 2 1952</b>		24f. REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	
24g. FUNERAL DIRECTOR'S SIGNATURE <b>Goodhart-Goodhart</b>		24h. ADDRESS <b>2228 St. Louis, Ave</b>		24i. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. ....

P. O. Address

365  
J. H. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.